

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested to do so, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, *Curtis Bay Anne Arundel County June 29/88*
Full Name of Deceased, { Write legibly with ink and spell correctly. If an infant not named, give names of parents. } *Thomas Bagush*
Sex, Male or Female, { Cross out the words not required in this line. } *Male*
Age, *23* Years, _____ Months, _____ Days.
Color, *White*
Married, Single, Widow or Widower, { Cross out the words not required in this line. } *Single*
Occupation, *Laborer*
Birthplace, { State or county, and how long in the United States, if of foreign birth. }
Duration of Residence in the City of Baltimore, _____
Place of Death, { Give Street and Number. } *Anne Arundel County*
Cause of Death, { First (Primary), *accidental drowning*
Second (Immediate), _____ }
Duration of Last Sickness, _____

All the above information should be furnished by the Physician.

Place of Burial, _____
Date of Burial, _____
{ Undertaker, _____
Place of Business, _____ }
Thomas M. Clelland *Coroner*
Medical Attendant.
Address, *Brooklyn A. A. Leo*

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker, or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

To allorgue 6/30

CHILDBIRTH—Circumstances producing
Death.
CANCER—Variety and Seat.
CALCULUS—Mode of Death.
DENTITION—Mode of Death.
DISEASE OF HEART—Variety. Valves in-
volved.
DROPSY—Variety and Cause.
ENTERITIS AND GASTRO ENTERITIS—Cause,
whether Diarrhœal or not.
ERYSIPELAS—Seat and Cause.
FRACTURES—Cause and Mode of Death.
GANGRENE—Seat and Cause.
GASTRITIS—Cause.
HERNIA—Variety and Mode of Death.
INSANITY—Variety and Mode of Death.
JAUNDICE—Cause and Mode of Death.
MANIA, ACUTE—Cause and Mode of Death.
MISCARRIAGE—Cause and Mode of Death.
MALIGNANT PUSTULE—Location and Cause.
MALFORMATION—Variety.

PARALYSIS—variety and Cause.
PERITONITIS—Cause.
PHLEBITIS—Cause.
PYÆMIA—Cause. Nature of Injury, if any.
PREMATURE BIRTH—Cause. Foetal age.
PRETERNATURAL BIRTH—Manner of.
SYPHILIS—Variety. Chief Location and
Mode of Death.
TETANUS—Nature of Injury, if any.
ULCER—Nature, Chief Location and Mode
of Death.
WOUNDS—Cause, Variety, Seat and Mode of
Death.
ABSCESS—Cause, Location and Mode of
Death.
Specify every Surgical Operation with fatal
result.
Mention INTEMPERANCE whenever recognized
as having produced or complicated the
direct cause of Death.

JAMES F. McSHANE, M.D.,

Commissioner of Health and Registrar.

REMARKS.

Helen Mary Brewer

Town

County

Died at

Annapolis

A. A. Co.

MARYLAND

Date 189

8

Month

Day

6-28

Age

6 mos.

M.

D.

Native of

Md

Occupation

~~Male~~

White

~~Married~~

Widow

~~Divorced~~

Female

~~Colored~~

Single

Widower

Number of children living

2

Husband
of
Wife

Father's Name Harry Brewer

Mother's Name Daisy Brewer

Cause of

Primary

Chol. inf. meningitis
Hydrocephalus

How long sick

3 days

Death

Immediate

82

Accident, Suicide, Homicide

Reported by

H R Walton

Address

Annapolis

Recd. for record
July 5th, 1898.

P.C. I. 2

Name in Full

Certificate of Death

— Finkell

Town

County

Died at

Annapolis A. A. Co.

MARYLAND

Date 189

8

Month

Day

6-7

Age

4 mos

Native of

City

Occupation

Male

White

Married

Widow

Divorced

~~Female~~~~Colored~~~~Single~~~~Widower~~

Number of children living

Husband

Wife

Father's

Name

W. Finkell, Jan 39

Mother's

Name

Cause of

Primary

Dieting - Chol.

How long sick

2 weeks

Death

Immediate

infant. meningitis

Accident, Suicide, Homicide

Reported by

H. R. Walter

Address

Annapolis Md.

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, BOSTON

Recd for Rent
July 5th 1898.

P.C. I. 2

Rosa Ghesse

Died at ^{Town} Annapolis ^{County} A A County MARYLAND

Date 189 ^{Month} 8 June ^{Day} 23rd ^{Y.} ^{M.} ^{D.} Age 9 Months ^{Native of} ^{Occupation}

~~Male~~ ~~White~~ ~~Marrd~~ ~~Widow~~ ~~Divorced~~
 Female ~~Colored~~ ~~Single~~ ~~Widower~~ Number of children living

Husband
 of
 Wife

Father's Name August Ghesse Mother's Name Mary Ghesse

Cause of Death { Primary Immediate } Cholera Infantum How long sick Four days
 Accident, Suicide, Homicide

Reported by John Ridout M.D.
 Address Annapolis Md.

Recd for record
Sept 10th '98